

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Caleb L. McGillvary

DEFENDANT
Dan Hagan

CASE No.
3:22-cv-07702-RFL

TYPE OF PROCESS
See below

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT } ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Dan Hagan
9130 Vineland Ct., Apt. B, Boca Raton, FL 33496

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Caleb L McGillvary- #1222665
New Jersey State Prison
SBI #102317G
PO Box 861
Trenton, NJ 08625

Number of process to be served with this Form 28

3

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Summons, Amended Complaint, Docket No. 36

Signature of Attorney other Originator requesting service on behalf of:  Mark B. Busby Angel N.J.		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	510-637-3535	February 6, 2025

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>3</u>	District of Origin No. <u>1</u>	District to Serve No. <u>4</u>	Signature of Authorized USMS Deputy or Clerk	Date <u>2/19/25</u>
--	---------------------------	------------------------------------	-----------------------------------	--	------------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date <u>2/19/25</u>	Time <u>3:30 pm</u>
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
-------------	--	----------------	---------------	------------------	--

REMARKS:

Acknowledgment

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED